Input presented by the Information Group on Reproductive Choice (GIRE)

General Recommendation No. 19 on violence against women seeks to provide adequate and authorized guidance to State Parties and other actors regarding measures that are to be adopted to ensure the full exercise of the rights that it protects. On occasion of the update of this General Recommendation, GIRE submits the following input on women’s right to a life free from violence in connection with the exercise of their reproductive rights.

With regard to health care for women and girls that are victims of sexual violence, given the lack of access to legal abortion services in Mexico, based on information from August 2012 to December 2013 obtained from state-level Ministries of Health, only 12 abortions were provided to victims of rape in the whole country.\(^1\) By accompanying women seeking abortions, GIRE has uncovered a variety of reasons for abortion service denial. Among said reasons are complying with such previous requirements as the filing of a report and/or authorization of abortion by a judge or a Public Prosecutor’s Office, and redefining the crime of rape as statutory rape during the criminal procedure against the accused. In this regard, we deem it important that General Recommendation No. 19 establish that access to reproductive health services for women who are victims of sexual violence not be made conditional on compliance with previous requirements—such as filing a report and obtaining authorization from an authority—or the criminal procedure against the accused.

Concerning institutional violence against women, we believe that it is important that the updated version of the above General Recommendation address obstetric violence. This form of violence can occur during prenatal, labor and delivery, and postpartum care, in public and private health facilities. Obstetric violence is any act or omission by health personnel that can result in psychological or physical harm to women. Regrettably, for the most part, this form of violence against women has not been recognized as such. In some instances, it has been defined as cases of “disrespect,”\(^2\) although sometimes it has been the cause of maternal death.

---


or irreparable harm to women, including the loss of their uterus. Such terminology seems to ascribe the problem and the liability solely to the health provider and not to the underlying structural flaws—lack of infrastructure, insufficient physical and human resources, poor health personnel training—for which the States are responsible and that give rise to institutional violence.

---